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ABSTRACT

The advantages and elements of a therapeutic daycare prcgram for preschool children with emctional and behavioral problems are described in this paper. The goal of the therapeutic preschool is to meet the needs of behaviorally disordered and emoticnally disturbed children in a special education setting, and then to mainstream the children into less restrictive settings as soon as possible. Eight program elements that can be combined tc create a therapeutic daycare program are as follows: (1) a developmental evaluation and behavior observation made prior to admittance in the program; (2) planned structure in the areas of space, time, relationships and knowledge; (3) use of behavior modification prccedures at several levels; (4) a mental health curriculum designed to focus on identification of emotions, acceptance of feelings, and ways to cope with and solve sccial problems; (5) one-to-one remediation sessions with therapists; (6) a high staff-to-child ratio and staff relationships characterized by consistency, the ability to increase prosocial behavior and decrease inappropriate behavior, and the ability to reflect and interpret children's feelings; (7) parent involvement; and (8) follow-up procedures at several intervals subsequent to the child's discharge frcm the program. This sort of prcgram can alleviate presently distressful symptoms for the child and his family, and can help prevent mental health problems from occurring at a later life stage. (Authcr/SS)

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A Mental Health Preschool Program: Helping Preschoolers With Emotional and Behavioral Problems

by
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Providing daycare that has a therapeutic effect on preschoolers with diagnosed emotional and behavioral problems has a twofold purpose. First, it alleviates presently distressful symptoms for the child and his family. Secondly it helps prevent mental health problems from occurring at a later life stage. Preschoolers with emotional and behavioral problems are in high risk of developing into adults with emotional problems. Clarizo and McCoy (1976) state that a higher percentage of disturbed children as compared to the percentage of normal children (about 30% versus 8%) eventually wind up in the population of disturbed adults.

This preventative aspect of treating preschoolers offers a strong advantage over waiting until adulthood to begin providing mental health services.

Many preschoolers' problems are more accessible to treatment, than are adults'. At this early stage in their lives, their personalities have not been solidified (Slavson, 1952). Socialization patterns of preschoolers are still flexible. Destructive coping skills and deviant personality development have not been crystallized into life styles.

A surprisingly large number of children are experiencing emotional difficulties. The Joint Commission of Mental Health (1970) estimated .6% of young people are psychotic; 2-3% are severely disturbed; that an additional 8-10% are in need of some kind of help from knowledgable people. Specifically, for preschoolers, the incidence of emotional disorders is largely unknown, but it is unquestionably a mental health problem of considerable proportions (Task Force of JCMH, 1973).

Mental Health services for this group can be exceedingly hard to find. There is no community in the U.S. which has all the facilities for the care, education, guidance and treatment of emotionally disturbed or mentally ill children. The few services that are available are poorly coordinated and are usually unavailable to poor and near poor children (Joint Commission on Mental Health, 1970).

Although Community Mental Health Centers work under a national mandate to provide children services, most centers largely ignore children in order to attend to the more obviously pressing needs of adults (Berlin, 1975). One Community Mental Health Center that has sought to serve children is the Mid-Missouri Mental Health Center in Columbia, Mo. As part of its committment to working with these children and families its Child Development Unit offers a complete diagnostic evaluation for children age 0-6 who are suspected of having developmental difficulties; a follow along program to insure that recommendations based on evaluation are carried out in the community; and a daycare program designed to

meet the needs of children who have emotional and behavioral problems.

Although therapeutic preschool environments where mental health principles are applied to create changes in children are not a new idea, they remain a highly advantageous treatment method. In terms of providing comprehensive treatment for disturbed children and their families, no other method offers such a wide range of intervention. The variety of therapists involved at Mid-Mo. Mental Health Center's C.D.U. daycare program is indicative of the array of services available to the children and families. Presently the team is composed of a speech and language pathologist, an occupational therapist, a part time psychologist, a special education teacher and 4 education assistants. Medical services can be arranged for at an adjoining medical center.

Besides providing therapies that can remediate lags in most developmental areas of children and also therapies and counselling for parents, there are other advantages to a therapeutic preschool in a mental health setting. Chief among these is the control of the child's socialization - incorporating the learning of proscocial behaviors as a concomitant to emotional therapy. Behavior modification programs and techniques are carried out by the teaching staff so that the children's improved relating capacities developed in individual play therapy sessions are actualized in the daycare environment.

Another advantage of therapeutic daycare is that detailed observations can be made of the children's social interactions, play development and school behaviors. For diagnostic purposes the daycare setting offers as much information as needed. In gauging the progress of those children receiving individual play therapy, the continual, thorough observations that can be made on the daycare unit are indispensable.

The goal of the therapeutic preschool is to meet the needs of behaviorally disordered and emotionally disturbed children in a special education setting,

and then to mainstream the children into less restrictive settings as soon as possible. Some children attend the Mental Health Center's daycare program in the morning and a regular preschool or kindergarten in the afternoon. Last year 22 children attended Mid-Mo's therapeutic daycare. Of these, 9 had definite self-esteem or personality problems as well as behavior problems. Twenty of the children had an assortment of developmental lags also, in areas such as language, fine and gross motor, school readiness. Although some children have been in the program for more than a year, the average length of stay is about 90 days. The physical dimensions of our daycare area limit the number of children whom we can serve at 12 in a group.

There are 8 program elements that are combined to create the Mental Health daycare program. The eight elements are 1) Evaluation and adaptive behavior observation 2) a structured environment 3) behavior modification programs 4) a Mental Health Curriculum 5) individual remediation sessions including play therapy 6) staff relationships to children 7) parent involvement 8) follow up. Each element constitutes either a treatment modality or a means of helping others provide treatment.

Evaluation and Adaptive Behavior Observation

Excepting emergencies, before a child is admitted to the therapeutic preschool he goes through a thorough developmental evaluation, completed, in the most part, by an evaluation team. Part of that evaluation involves an adaptive behavior observation made by the daycare staff. Last year the daycare program helped in the evaluation of 62 children. Of these, 22 were eventually admitted into the daycare program to receive treatment. This seemingly high proportion of children in need of mental health services is a factor of the screening carried out by the evaluation team before any committments are made to evaluate.

Structured Environment

All special education programs require a structured environment in order to best affect change in children. The daycare environment at Mid-Mo's Child Development Unit is constructed in the areas of space, time, relationships and knowledge. Physically, the daycare area looks like what a daycare environment should look like - distinct play areas, limited amounts of toys and other stimulating objects, a quiet area, a block area and a dramatic play area. Formal group lessons occur on a schedule the same time everyday. Interspersed between the lessons are free play periods and times for snacks and lunch. Staff's relationship to the children is structured also. The children learn to expect consistency in care and concern from all staff members. The curriculum structures knowledge acquisition in the form of group lessons and activities.

Behavior Modification Program

Three levels of behavior modification are always in operation in the therapeutic daycare. All children participate in a token economy where target behaviors are elicited and rewarded with stars and back-up reinforcers. In tailoring a token economy for preschoolers, 3 behaviors that need improvement are selected for each child. Engaging in these behaviors will result in stars and the back-up reinforcers. Each child has different behaviors that earn stars, the behaviors based on treatment needs. An advantage of using this system with preschoolers is that it helps the children to know exactly what behaviors they can engage in to get reinforced. Stars have been used for many different types of behavior including sharing, increased socialization, attending to group, channelling aggression in an acceptable manner.

Another level of behavior modification involves more complex programs that are used for building behaviors in a one-to-one setting. These programs use different reinforcement schedules and rewards. More intensive behavioral

training can occur in the one-to-one setting.

Still a 3rd level of behavior modification involves the application of general behavior modification principles by all teaching staff in the daycare setting. Appropriate behaviors in the children are reinforced with praise and attention, inappropriate behavior is ignored or else receives a natural consequence or is met with a planned-on response. For all children, no physical aggression toward peers is allowed, and a time out chair is the consequence of hitting.

Mental Health Curriculum

Each day's group lessons and activities are designed to focus on specific themes or topics. The themes are used to teach the children identification of emotions, acceptance of feelings and ways to cope with and solve social problems. Through teaching techniques such as dramatizing situations and solving structured social problems or modelling healthy attitudes and problem-solving methods, we hope to strengthen the children's egos in areas that are frequently ignored. Part of our curriculum includes a weekly group on positive sexual identification where the children are given experiences to develop a positive self concept of their sexual role.

Some of the goals we think attainable through the Mental Health Curriculum include learning facts to clear up ambiguous attitudes, learning to think about and work through conflict, increasing understanding of self, and ability to cope with stress. The mental health curriculum complements and builds off the token economy and also individual play therapy sessions.

Individual Remediation Session

School readiness skills and other important developmental areas are remediated in one-to-one sessions with therapists trained in the area needing help. Our program currently has staffing positions for a speech and language

pathologist, occupational therapist, special education teacher and parttime psychologist. Some children receive therapies in only one area, while others receive 3 or more individual sessions per day. In order to facilitate their understanding of emotionally disturbed and behaviorally disordered children, the therapists also carry play therapy responsibilities.

Staff Relationship to Children

A special feature that a high staff-to-child ratio allows (1 staff to 2 children) is the forming of therapeutic relationships. The paramaters that define therapeutic for our purposes includes consistency, being able to limit behavior and to relate in a manner that increases prosocial actions and decreases inappropriate behavior, being able to reflect children's feelings and to interpret children's feelings in a way the child can understand and use (Axline, 1975). All staff spend some time on the day care unit relating to the children. The prime responsibility for forming therapeutic relationships to children falls to the 4 education assistants.

Parent Involvement

The most essential program element is parent involvement. All parents of children who participate in the therapeutic daycare program are required to sign a parent contract which explains the childrens' goals, the families' goals, and explains the necessity for having parent involvement. Parents meet routinely with staff in individual sessions to work on child management skills. Also, a monthly support and information group meets. In this group parents are given opportunities to learn more about the other 7 program elements and how they can help provide continuity between program and home.

Follow-Up

Since a major goal of the program is to have the children eventually placed in less restrictive environments, a follow up component insures that in

the childrens' next placement, the staff will be prepared to deal therapeutically with various behaviors. School and daycare personnel attent a final discharge summary. A follow-up call goes out to parents and schools at one month, 3 month, 6 month and one-year intervals to see if further help is needed.

Currently, no formalized evaluation technique is used to obtain a discharge criterion. Since each child's response to the program differs along with problems and strengths, standardized evaluation presents difficulties. However, every week's progress is reviewed and every 8 weeks a formal staffing is held on each child in the program. When significant progress in problem areas has been made and it is felt by the team that a less restrictive daycare setting would provide support enough and appropriate challenge, the child is discharged.

Mid-Mo Mental Health Center's therapeutic daycare program is an example of comprehensive mental health treatment for children and their families. While the therapeutic daycare has 8 elements that combine to form the comprehensive whole, various elements can be lifted out and applied to other programs that are currently considering attending to the mental health needs of emotionally and behaviorally disordered preschoolers.

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